

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 763323

FILED  
Feb 12, 2009  
Secretary of State

Entity Name: BLUE ANGELS ASSOCIATION, INC.

**Current Principal Place of Business:**

425 MONTROSE BLVD.  
GULF BREEZE, FL 32561 US

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 4705  
PENSACOLA, FL 32507705 US

**New Mailing Address:**

FEI Number: 59-2954078

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BOOR, LEO J  
425 MONTROSE BLVD.  
GULF BREEZE, FL 32561 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: SD ( ) Delete  
Name: BOCA, LEO J  
Address: 425 MONTROSE BLVD  
City-St-Zip: GULF BREEZE, FL 32561

Title: TD ( ) Delete  
Name: CHATHAM, W.L.  
Address: 64137 E. GREEN BELT LANE  
City-St-Zip: TUCSON, AZ 85739

Title: PD ( ) Delete  
Name: WISELY, DENNIS  
Address: 12010 N. 114TH WAY  
City-St-Zip: SCOTTSDALE, AZ 85259

Title: VD ( ) Delete  
Name: PEARSON, L  
Address: 4531 E. OLIVE AVE.  
City-St-Zip: HIGLEY, AZ 85236

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: SD (X) Change ( ) Addition  
Name: BOOR, LEO J  
Address: 425 MONTROSE BLVD  
City-St-Zip: GULF BREEZE, FL 32561

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LEO J. BOOR

SD

02/12/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date